



PO BOX 292409  
NASHVILLE TN 37229-2409  
PATIENT ACCOUNTING

SSC08947 2525446 68222134

ISAAC G HERES

APT 524

18800 NE 29TH AVE

AVENTURA, FL 33180-2829



### Create a MyHealthOne account to pay your bill

When you create your MyHealthOne account or log in, you can view and pay your hospital bill online. You will also be able to review your current health information and more.

Pay online at:

[www.aventurahospital.com/billpay](http://www.aventurahospital.com/billpay)

Statement Date:  
9/28/2021

Account Number:  
39759381

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### ACCOUNT ACTIVITY

Account Number	39759381
Date of Service	7/1/2021
Total Amount For Hospital Services**	\$ 1,337.33
Insurance Payments to Date	\$ 0.00
Due From Insurance	\$ 0.00
Patient Payments to Date	\$ 0.00
Payments to Date	\$ 0.00
<b>Remaining Account Balance</b>	<b>\$ 1,337.33</b>

**\*AMOUNT YOU OWE \$ 1,337.33**

\*The amount you owe may include copay, deductibles or non-covered charges.

\*\*Total Amount For Hospital Services is the total amount the hospital expects to receive for services after all discounts have been applied.

Please note that professional services provided by physicians and other healthcare providers who do not work for the hospital are not part of the hospital bill. These other providers may bill separately for their services.

### A MESSAGE FOR YOU...

Thank you for choosing Aventura Hospital and Medical Center. Please call 800-523-5772 for account information M-F 8AM-530PM.

**This is the hospital bill for Emergency services from July 1, 2021 through July 2, 2021.**

While the hospital provided you a significant uninsured discount for these services, we recommend you consider obtaining health insurance coverage with an insurance company or a government plan provided by a state or federal exchange (Affordable Care Act). For information on when and how to enroll in an exchange plan, go to [www.HealthCare.gov](http://www.HealthCare.gov). You may qualify for assistance with your payments. Please contact Customer Service for more information.

### PAYMENT OPTIONS

Pay online at [www.aventurahospital.com/billpay](http://www.aventurahospital.com/billpay)  
Available 24/7

Pay with your smart phone by scanning this QR code

Pay-by-phone or call Customer Service at:  
800-523-5772 Available Mon-Fri 8AM - 5PM ET



Mail in a check or credit card information with the section below.

Disponible asistencia para el idioma español.

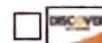
DETACH HERE AND RETURN BOTTOM PORTION WITH PAYMENT

Patient	Account No.	Date Due	Amount Now Due	Amount Paid
ISAAC G HERES	39759381	Upon Receipt	\$ 1,337.33	\$

☐ Check here if your address or insurance information has changed.  
Please indicate changes on the back of this page.

**Please do not send cash.**

**Make checks payable to: AVENTURA HOSPITAL**



Account No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

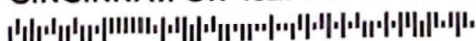
Authorized Signature \_\_\_\_\_

**AVENTURA HOSP & MED CTR**

**01643**

**P.O. BOX 740743**

**CINCINNATI OH 45274-0743**



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